

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017674

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 325

Primary Registration District No. 4478

Registrar's No. 57

FILED APR 23 1962

VS 300
Rev. 4/59

1 0980

2 0950

3 2

4 0

5 1

6

7 1

8 0

9 4201

10

11

12 90-2

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY SCHUYLER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Schuyler	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LANCASTER,		c. CITY OR TOWN Lancaster,	
Length of stay in 1b 50 Yr.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) none	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Emmett		4. DATE OF DEATH Month April Day 13 , 1962 Year 1962	
First Emmett Middle - Last Pottorff			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/15/1886
9. AGE (last birthday) 75		IF UNDER 1 YEAR Months 10 Days 28 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Davis County, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Sam Pottorff		13b. MOTHER'S MAIDEN NAME Mary Hird	
14. NAME OF HUSBAND OR WIFE Bertha Pottorff			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Bertha Pottorff, Lancaster, Mo		Address Lancaster, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion DUE TO (b) Coronary thrombosis DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Minutes	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 1-12-55 to 4-13-62 and last saw him alive on 4-13-62 Death occurred at 5:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. R. Stokes		22b. ADDRESS Lancaster, Mo.	
(Degree or title) D.O.		22c. DATE SIGNED 4-17-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/15/1962	23c. NAME OF CEMETERY OR CREMATORY Darby Cemetery	23d. LOCATION (City, town, or county) (State) N/E Lancaster, Missouri
24. FUNERAL DIRECTOR Norman Funeral Home, Lancaster, Mo.		25. DATE RECD. BY LOCAL REG. 4-17-62	
26. REGISTRAR'S SIGNATURE Clarence Shepherd			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Joe L. Foster

Licensed Embalmer No. 4742
P. O. Address Fukerale, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit obtained